

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE

In connection with the renewal of your Virginia license, the items listed below **must** be filed with this office no later than **March 1, 2005**:

1. An annual report showing all viatical settlement transactions where the viator is a resident of the Commonwealth of Virginia.
2. An Application for Renewal of License in Virginia form. The form is in PDF format and may be completed on your computer. A hardcopy of the completed form must be filed. Electronic filing of the form will not be accepted.
3. A check for \$300 made payable to the Treasurer of Virginia.
4. A certification signed by an officer of the company and notarized by a notary public certifying that the company has implemented anti-fraud initiatives reasonably calculated to detect, prosecute, and prevent fraudulent viatical settlement acts. The anti-fraud plan should also be filed by those companies who have not previously submitted the plan. The anti-fraud plan and certification should meet the requirements of § 38.2-6011 E of the Code of Virginia.
5. A report of all material changes in information filed with the commission concerning the provider's identity pursuant to 14 VAC 5-71-31 I 1 of the Virginia Administrative Code.

The annual report should be submitted to the attention of the **Bureau of Insurance, Market Conduct Section, Life and Health Division**. If you have questions regarding the annual report, please call (804) 371-9532. The annual report should be signed by an officer of the company and notarized. The annual report should contain the following information for the calendar year ending December 31, 2004, for each of the viatical settlements contracted:

- a. Date of the viatical settlement contract;
- b. Life expectancy of the insured at the time of the contract, in months;
- c. Face amount of the policy at the time of the contract;
- d. Net death benefit viaticated;
- e. Cash surrender value at the time of the contract;
- f. Accelerated death benefit available from the policy; and
- g. Net amount paid by the viatical settlement provider to viaticate the policy.

All other information should be submitted to the attention of **Andy R. Delbridge, Bureau of Insurance, Financial Regulation Division**. If you have questions regarding the annual renewal, please contact Toni Janoski at (804) 371-9945.

**Failure to make required submissions to the Bureau of Insurance by the deadline may subject the company to regulatory action as provided in the Code of Virginia.**

Mailing Address: P.O. Box 1157, Richmond, VA 23218  
Street Address: 1300 East Main Street, 1st Floor Mail Room, Richmond, VA 23219

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION, BUREAU OF INSURANCE**

**APPLICATION FOR RENEWAL OF LICENSE IN VIRGINIA  
YEAR BEGINNING JULY 1, 2005**

\_\_\_\_\_  
License Number

\_\_\_\_\_  
(Full and Exact Corporate Name of Viatical Settlement Provider)

\_\_\_\_\_  
(Corporate Office Address)

\_\_\_\_\_  
(Executive or Administrative Office Mailing Address)

organized under the laws of \_\_\_\_\_ hereby certifies that it is in compliance with the applicable laws of the Commonwealth of Virginia. Said company hereby applies for renewal of its license to transact in the Commonwealth of Virginia the business of viatical settlement provider for which it was licensed as of the year ending June 30, 2005. Said company further certifies that it has fully disclosed to the Bureau the identities of all partners, officers, members, and designated employees authorized to act on behalf of the viatical settlement provider under this license.

Dated at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Company Seal)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_